

**Home Visiting Task Force
Executive Committee Meeting
April 9th, 2013
2:30pm-4:00pm**

MEETING NOTES

Members Present:

Claire Dunham, Donna Emmons, Gaylord Gieseke, Teresa Kelly, Peter Mulhall, Matt Poes, Nancy Radner, Diana Rauner, Lesley Schwartz, Joanna Su, Penny Smith, Anna Torsney-Weir, Janelle Weldin-Frisch, Cindy Zumwalt

Welcome and Introductions: Teresa Kelly motioned to approve January 17th, 2013 meeting notes, seconded by Lesley Schwartz, and the Executive Committee approved the notes with no changes.

State and Federal Updates

- **State Updates:** There are no major updates on the state budget and legislative process since the last meeting, where we announced that Governor Quinn proposed level funding for home visiting programs funded in DHS and ISBE.
- **FY13 Federal Budget and Sequestration:** The U.S. Congress approved the Consolidated and Further Continuing Appropriations Act (H.R. 933), which provides funding for the remainder of FY 2013 (Mar. 27-Sept. 30). President Obama is expected to sign this bill into law. This legislation locks in sequestration for FY 2013. It also provides funding for most federal agencies at FY 2012 levels minus a small across the board reduction. All grants funded via formula should expect at least a 5 percent reduction as a result of sequestration. For the Title V Maternal and Child Health Services Block Grant after sequestration and the small across the board cut AMCHP projects the new baseline for FY 2013 could be \$606M or less. Also due to sequestration, MIECHV will be cut by \$20M. However, this bill does provide increased funding for some agencies and programs. Specifically:
 - National Institutes of Health +\$71M
 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) +\$150M
 - Child Care and Development Block Grants +\$50M
 - Head Start +\$33.5M

While an important accomplishment in this budget climate, these programs will still suffer net reductions due to sequestration. Importantly, for WIC the funding increase along with unspent SNAP transfer funds, contingency funds, and unspent recovered funds means that WIC will likely be able to manage through the rest of the fiscal year without cutting any participants.

Regarding how sequestration will impact MIECHV in Illinois, the state has been told there is a 5.1% cut for formula and competitive grants. GOECD has had financial phone calls with all agencies to look at spending patterns – those that have been under-spending will return the money to offset the loss.

- **FY14 Federal Budget and Obama's Early Childhood Proposal:** President Obama will release his FY14 budget proposal on April 10th. It might include a new birth to three funding stream in a partnership between federal government and states with EHS standards attached to it.
- **Strong Start RCT and Implications for Illinois MIECHV Families:** We have learned more about Strong Start since the last Executive Committee meeting. The goal of the Strong Start initiative is enhanced prenatal care via home visiting services to decrease poor birth outcomes. It is a partnership of ACF, HRSA, and CMS.

- Strong Start has three components:
 - A public awareness campaign to reduce early elective deliveries prior to 39 weeks.
 - Funding to deliver enhanced prenatal care to reduce pre-term births in three types of places: Birth centers, Maternity care homes, and Group care.
 - MIHOPE-Strong Start (MIHOPE-SS), an RCT evaluation measuring the relationship between the use of Medicaid prenatally through the first year of life, and birth outcomes. You have a handout on this RCT.
- The main things to know are:
 - The RCT component of Strong Start will not feel any differently for families who are already enrolled in MIHOPE. Strong Start will collect the same data as MIHOPE from the same families enrolled in MIHOPE, but will combine that with Medicaid administrative data and will analyze the data asking different questions. Strong Start includes families NOT enrolled in MIHOPE or MIECHV, so those additional families will be enrolled only in Strong Start; and
 - The ultimate goal of the MIHOPE-SS RCT is to change the regulations so that Medicaid can be used to pay for home visiting. This data COULD potentially be very useful in our work on the Sustainability Workgroup, where we are exploring the potential use of Medicaid to fund home visiting services, and where data of this nature is key to justifying continued investments in home visiting at the state and federal levels.
 - The grantees were awarded to implement Strong Start – note that this is for the service component, NOT for the RCT. The grantee in Illinois is Access Community Health Network.
- Follow Up:
 - Teresa Kelly will connect with Julie Hamos to let her know about this project.
 - Mike Shaver and Teresa Kelly should connect with Julie Hamos regarding home visiting and Medicaid.

PAT Model Fee Changes and Program Rollout: Janelle Weldin-Frisch

- The Ounce and ISBE talked with the PAT national center, which wanted to increase fees by 280%. The negotiations were successful in negotiating lower fees not only for Illinois, but also for approved user fees across the country.
- There will still be an affiliation fee: for Illinois for the next 2 years, the fee is reduced to \$500 per program (106% increase) from \$1500 per year, which is still a 106% increase from last year. Programs funded through ISBE, the Ounce, and DHS require affiliation for PAT.
- PAT placed a condition on Illinois, which is that one entity is the collection point for all affiliation fees, which will be at the Ounce as the state PAT office.
- The PAT State Office at the Ounce of Prevention Fund is currently in the process of making a statement.

MIECHV Updates

- **Continuous Quality Improvement (CQI):** Matt Poes, CPRD
 - CQI plan submitted simultaneously to Diana, Gaylord, and HRSA for approval. The Executive Committee approved the CQI process.
 - A big part of this is making sure that families are getting the services that they need, i.e. to compare who is being served and who the target population is, which feeds into outreach efforts.

- The goal is to incorporate CQI into existing tools, e.g. if the agency or national home visiting models already have a CQI process related to accreditation, CQI will be integrated into that. CQI can provide a service that makes it easier to get affiliated and accredited, although CQI for ongoing improvements is different than CQI for accreditation.
- There are strategies in place to sustain this process beyond just the MIECHV initiative, e.g. it can continue to be facilitated through model clusters. At some point there need to be decisions made about how a sustained CQI system would look, which would include a uniform data system.
- **MIECHV Database:** On May 1, the new awardee for the MIECHV data system will be announced.
 - Follow Up: Lesley Schwartz will email Anna Torsney-Weir to announce the awardee.
- **Mothers and Babies:** MIECHV communities are finding that they are unable to access mental health resources for mothers. HRSA had a Technical Assistance call and shared that Johns Hopkins has developed a curriculum called “Mothers and Babies” that would be tacked onto a model to help prevent pre and post natal depression. GOECD is currently exploring it for FY14.
 - Follow Up: Lesley Schwartz will send Anna Torsney-Weir resources on the model to disseminate to the Committee. Gaylord stated that it would be helpful to have a targeted conversation about what they are finding and what the needs are with the leadership team of the committee to think about whether there is something more we can do.

Topics for Discussion

- **October Meetings:** Both the full and Executive Committee meetings of the Home Visiting Task Force in October must be rescheduled.
 - Follow Up: Anna Torsney-Weir would circulate a Doodle to reschedule.
- **New Members:** The Executive Committee agreed to add two representatives of key home visiting funders: Beth Masciti-Miller from Chicago Public Schools, and Vanessa Rich from the Chicago Department of Family and Support Services.
 - Follow Up: Diana and Gaylord will extend an invitation to them to join.
- **Health Connections Workgroup:** The Health Connections workgroup, currently chaired by Glendean Sisk and staffed by Christy Serrano, has recommended that it dissolve as a workgroup and be integrated with the Health Subcommittee under SIAC once its recommendations to the state for improving coordination between home visiting and maternal child health systems are completed.
 - Follow Up: The Executive Committee approved this recommendation as long as MIECHV remains a focus in the Health Subcommittee, with the next step being to forward the recommendation to the ELC Executive Committee.

Wrap Up and Next Steps: The full Home Visiting Task Force meeting is April 23rd from 1:00-3:00pm. The next meeting of the Executive Committee is July 9th.